Federal Perkins (NDSL) Student Loan - Request for Deferment
(Use reverse side for cancellation)

Please print

A. Deferment: Check one block for deferment type

<table>
<thead>
<tr>
<th>DEFERMENT CONDITION</th>
<th>All loans disbursed on or after 7/1/93</th>
<th>Federal Perkins disbursed on or after 7/1/07 but before 7/1/93</th>
<th>National Direct disbursed on or after 10/1/00 but before 7/1/93</th>
<th>National Direct disbursed before 10/1/00</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least Half-time student</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Form required for each quarter/sem. after official registration</td>
</tr>
<tr>
<td>Rehabilitation Training</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>For disabled individuals</td>
</tr>
<tr>
<td>Graduate Fellowship</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Form required each year Must be full time</td>
</tr>
<tr>
<td>Internship/residency</td>
<td>No</td>
<td>Two years*</td>
<td>Two years*</td>
<td>No</td>
<td>Must be required to begin professional practice</td>
</tr>
<tr>
<td>Dental residency</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Must be required to begin professional practice</td>
</tr>
<tr>
<td>Inability to secure full-time job</td>
<td>Three years</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Contact your lender</td>
</tr>
<tr>
<td>Economic Hardship</td>
<td>Three years</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Contact your lender</td>
</tr>
<tr>
<td>Full-time volunteer, for tax-exempt org.</td>
<td>No</td>
<td>Three years*</td>
<td>Three years*</td>
<td>Three years*</td>
<td>On full-time active duty; entire enlistment required</td>
</tr>
<tr>
<td>Peace Corps/Action</td>
<td>Yes</td>
<td>Three years</td>
<td>Three years</td>
<td>Three years</td>
<td>Entire enlistment required</td>
</tr>
<tr>
<td>U.S. Armed Services</td>
<td>Yes</td>
<td>Three years</td>
<td>Three years</td>
<td>Three years</td>
<td>Entire enlistment required</td>
</tr>
<tr>
<td>Service Eligible for Cancellation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Use other side of form for teaching or employment Deferment</td>
</tr>
<tr>
<td>Officer in PHS</td>
<td>No</td>
<td>Three years</td>
<td>Three years</td>
<td>No</td>
<td>Commissioned Corps of Public Health Service</td>
</tr>
<tr>
<td>NOAAC</td>
<td>No</td>
<td>Three years</td>
<td>No</td>
<td>No</td>
<td>National Oceanic &amp; Atmospheric Administration Corps</td>
</tr>
<tr>
<td>Temporary total disability borrower/spouse</td>
<td>No</td>
<td>Three years</td>
<td>Three years</td>
<td>No</td>
<td>Cannot be employed or attending school</td>
</tr>
<tr>
<td>Care of totally disabled dependent</td>
<td>No</td>
<td>Three years*</td>
<td>No</td>
<td>No</td>
<td>Cannot be employed or attending school</td>
</tr>
<tr>
<td>Mother returning to work</td>
<td>No</td>
<td>One year*</td>
<td>No</td>
<td>No</td>
<td>Preschool children</td>
</tr>
<tr>
<td>Parental leave</td>
<td>No</td>
<td>Six months*</td>
<td>No</td>
<td>No</td>
<td>Pregnancy, newborn or child adoption</td>
</tr>
<tr>
<td>No Three years</td>
<td>No</td>
<td>No Three years</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Dates deferment requested

<table>
<thead>
<tr>
<th>Beginning</th>
<th>Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mo. Day Tr.</td>
<td>Mo. Day Tr.</td>
</tr>
</tbody>
</table>

Check if you intend to enroll next semester/quarter

C. Borrower signature (required)

I declare that the information above is true and accurate. I further declare that I will notify my lender or loan servicer immediately upon change in my status. I further understand that if, for any reason, I am unable to complete the term of service for which I have requested deferment benefits, I will begin repayment of my loan, including deferred payments, immediately.

Signature of borrower (required)

Date

D. Certification of Deferment Period and Status (School, service unit or employer only)

<table>
<thead>
<tr>
<th>OPE code</th>
<th>Note: We cannot accept a form certified more than 30 days prior to the beginning of your enrollment period.</th>
</tr>
</thead>
</table>

Name of school/service unit/employer Phone No.

Address P O Box Street

City State Zip

☐ I certify that this student is/was enrolled as at least a ☐ half-time or a ☐ full-time regular degree-seeking student (defined in 34 CFR 600.2) for the deferment period indicated in Section B, leading to a degree in

☐ Our institution is on the ☐ Semester ☐ Quarter ☐ Trimester ☐ Clock Hour system

☐ I certify that this borrower is/was serving in an internship/residency program required for professional practice in the field of

☐ I certify that this borrower is/was in an approved graduate fellowship program.

☐ An approved rehabilitation training program for disabled individuals.

☒ DEFERMENT approved ☑ Request disapproved ☑ Deferment approved

Student status ☑ Military service ☑ Peace Corps ☑ VISTA ☑ Internship/Residency ☑ Dental residency ☑ Volunteer service ☑ U.S. Public Health Service ☑ NOAAC ☑ Graduate fellowship/rehabilitation training ☑ Working mother ☑ Temporary total disability: ☑ spouse ☑ dependent ☑ borrower

Date of status beginning ending Date

Signature

Title of Certifying Official

SEAL

NOTES

Evening telephone

Program and Loan No. on billing statement

Program no. SEQ no. Program no. SEQ no. Program no. SEQ no.

Type Mo. Year Type Mo. Year Type Mo. Year

Last 3 digits

For Lending Institution use only:

Date processed Analyst’s initials

Comment

Return to: EFG Technologies P.O. Box 2901, Winston-Salem, NC 27102-2901

Program and Loan Nos. on billing statement

Mo.  Day Yr. Mo.  Day Yr. Mo.  Day Yr.
Federal Perkins (NDSL) Student Loan - Request for Cancellation
(Use reverse side for deferment)

You may qualify for the following partial loan cancellation benefits, regardless of the terms of your promissory note: FULL-TIME TEACHER in a public or nonprofit elementary or secondary school designated by the Secretary of Education as having a high concentration of low-income students; and in which more than 30 percent of the student's enrollment is Title I children, according to the list published annually in the Federal Register; full-time SPECIAL EDUCATION TEACHER, including teachers of infants, toddlers, children and youth with disabilities in a public or nonprofit school system; FULL-TIME TEACHER IN A FIELD OF EXPERTISE such as mathematics, science, foreign languages, bilingual education or other fields where the state education agency determines there is a shortage of qualified teachers; full-time educational staff member in a HEAD START PROGRAM carried out under the Head Start Act (formerly under the Economic Opportunity Act of 1964), validation must be attached; active duty service in the MILITARY in an area of hostilities that qualifies for special pay under Section 310 of Title 37 of the U.S. Code; volunteer service under the PEACE CORPS Act or Domestic Volunteer Service Act of 1973 (VISTA); service as a LAW ENFORCEMENT OR CORRECTIONS OFFICER in an eligible local, state or federal agency - the agency must be publicly funded and its principal activities must pertain to crime prevention, control or reduction or enforcement of criminal law, and your principal responsibilities are unique to criminal justice system; full-time employment for 12 consecutive months as a NURSE OR MEDICAL TECHNICIAN providing health care services; working full time in a public or private nonprofit child or family service agency for 12 consecutive months providing or supervising the provision of SERVICES TO HIGH-RISK CHILDREN from low-income communities and families of such children; full-time employment for 12 consecutive months as a qualified professional PROVIDER OF EARLY INTERVENTION SERVICES in a public or other nonprofit program authorized in Sect. 676(b)(9) of the Individuals with Disabilities Education Act.

NOTE: If the service or employment for which you are claiming partial loan cancellation is not included in your promissory note, then the service or employment must start October 7, 1998 or after. In this case, teachers employed in a year-around program may qualify if the school year began on or after July 1, 1998.

Two forms are required for each year, a request for deferment submitted at the beginning of the year and a request for cancellation at the end of that year's service.

A. Cancellation or Deferment

CHECK BLOCK(S) FOR TYPE OF SERVICE

☐ Pre-Kindergarten ☐ Middle School
☐ Kindergarten ☐ High School
☐ Elementary ☐ Head Start*
☐ Spec. Ed.: Attach a description of your students or clients and the percentage of disabled in the classroom.

□ Law Enforcement* ☐ Vocational
☐ Nurse/Med Tech* ☐ Peace Corps/VISTA
☐ Child/Fam Service* ☐ Military (Combat)

*Additional documentation required. Please contact servicer before sending this form.

B. Employment or Enlistment Period (must be one complete year)

☐ Deferral in Anticipation of Cancellation

☐ Cancellation

Mo. Day Year Beginning and Mo. Day Year Ending

C. Job Title/Description/Subjects Teaching

Received/Pass State Board Date(s) Med Tech/RN Lic. Date(s) Must complete for nurse/med tech.

Mo. Day Year Mo. Day Year

D. Declaration

I declare that the information shown above is true and accurate. I further declare that I will notify my lender immediately upon change in my status. I further understand that if, for any reason, I am unable to complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan immediately.

Signature of borrower (required) Date

E. Certification of Employment or Enlistment Period

Name of School, Place of Employment or Service Unit

City State Zip

☐ I certify this is a public elementary or secondary school.

☐ I certify this is a private or public nonprofit elementary or secondary school registered by the STATE EDUCATION AGENCY (verification should be attached by certifying official).

☐ I certify Peace Corps/VISTA.

☐ I certify this is a public or private nonprofit child or family service agency.

☐ I CERTIFY THAT THE BORROWER IS EMPLOYED FULL TIME.

Signature of Certifying Official Date

Title of Certifying Official

*NOTE: Altered dates must be initialed by Certifying Official

This space is for Institutional Seal. If not available, provide official letter of certification.

SEAL

For lending institution use only:

☐ Cancellation approved

☐ Deferral approved

☐ Principal cancelled $ __________

☐ Defense (10%, 15%) ☐ Request disapproved

☐ Interest cancelled $ __________

☐ Perkins (15%, 20%, 30%)

☐ Teaching, Peace Corps, VISTA, Law Enforcement, Head Start, Nurse, Med Tech, Child-Family Services

Signature Date: Internal use only: Date: Analyst's initials

Last 3 digits program No. SEQ No. Mo. Year Mo. Year

(QL) Principal cancelled

(QL) Interest cancelled

(QL) Principal cancelled

(QL) Interest cancelled

(QL) Principal cancelled

(QL) Interest cancelled

(QL) Principal cancelled

(QL) Interest cancelled

(QL) Principal cancelled

(QL) Interest cancelled